1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii aliy.	
Participant's Name:	Higuel Rivera Rosa calle los millonari
Participant's Address:	Parc Nueva Vida 2384 Ponce, P.R. oot
Participant's Email Address:	Dignactur 419 @ gmail-com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	The state of the s
2. Participant's (	Claim number and the nature of Participant's Claim:
Claim Number:	17-3283
Nature of Claim:	Public Em player (une auned salary)
By:	Social Section of the
Signature Rive	ing Rosa
Title (it Participant is	not an individual)
August 31 Date	[2021]

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Participant must provide all of the information below in English:

Participant's contact information : 1 11

if any:	sheart information, including email address, and that of its couns	el,
Participant's Name:	5 Mento Torres Barman	
Participant's Address:	R.O. Box 514 aguirio P.R. no-	122
Participant's Email Address:	giltorreme hotmail com	
Name of Counsel:		,
Address of Counsel:		_
Email Address of Counsel:		<del>-</del>
2. Participant's Cla	aim number and the nature of Participant's Claim:	
Claim Number:  Nature of Claim:  By:  Signature	17 BK 3383 - LTS  which in Discovery for Confirmation Combinon wealth Plant of adjustment	U.S.C.
Print Name  Title (if Participant is not Date		DISTRICT COUNT

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.



#### Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 5 of 65

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

	if any:		
Participa	ant's Name: Beatriz Tossas Colon		
	ant's Address: Urh- 1/1/a Del Carmen calle Sa	lerm	0_
Participa	ant's Email Address: beatossas 7/20 gmail.com		
Name of	f Counsel:		
Address	s of Counsel:		
Email A	Address of Counsel:		_
2	2. Participant's Claim number and the nature of Participant's Claim:		
Claim N	Number: 52369, 74073, 74073		
Nature o	of Claim:		
By:	Beatle Lossas Colon Signature		C
• ·	Beatriz Tossas Colon	SEP	SAN
	Print Name  Retiro de maestro (DE)  Title (if Participant is not an individual)	-E	
	28 de agosto de 2021 Date	39	4 6

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Roadrie lossas com est b. Villa Del Carmen Ealle Salerro # 104 Ponce, P.R. 0078

United States District Court, slerk's office, 150 Ave.
orlos Charden Ste. 150, Son Juan
N. R. 50918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	LuzMiDcasio Berrios	
Participant's Address:	Luz Ocasio P.O. Box 2021 Guagnaso PR.000	970
Participant's Email Address:		
Name of Counsel:	Common Wealth of Puerto Rico	
Address of Counsel:	The Financial Overight Board of Managment	
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	No. 17BK 3283-LTS	
Nature of Claim:	Promesa Titulo III	
By: Lug m Oc Signature	esio	موسيد وريس
Luz M Ce Print Name	24310	
Maestra Re Title (if Participant is		
August 5 Date	204	
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Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 9 of 65

Participant must provide all of the information below in English:

The state of the s	uding email address, and that of its counsel,
if any:	
Participant's Name: Wanda -	I. Lo zada DAS
Participant's Address: Son tatricio al	Sarment's aptivize ave. S.P. I-4
Participant's Email Address:	, 3 3 100 / 1
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the na	ture of Participant's Claim:
Claim Number:	
Nature of Claim:	
By: W. L.D.	
Signature	
	S. O. S. A. S. O. S. A.
Print Name	5
Title (if Participant is not an individual)	

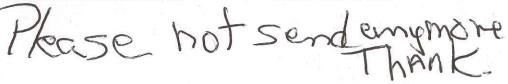
<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: <u>United States District Court</u>, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

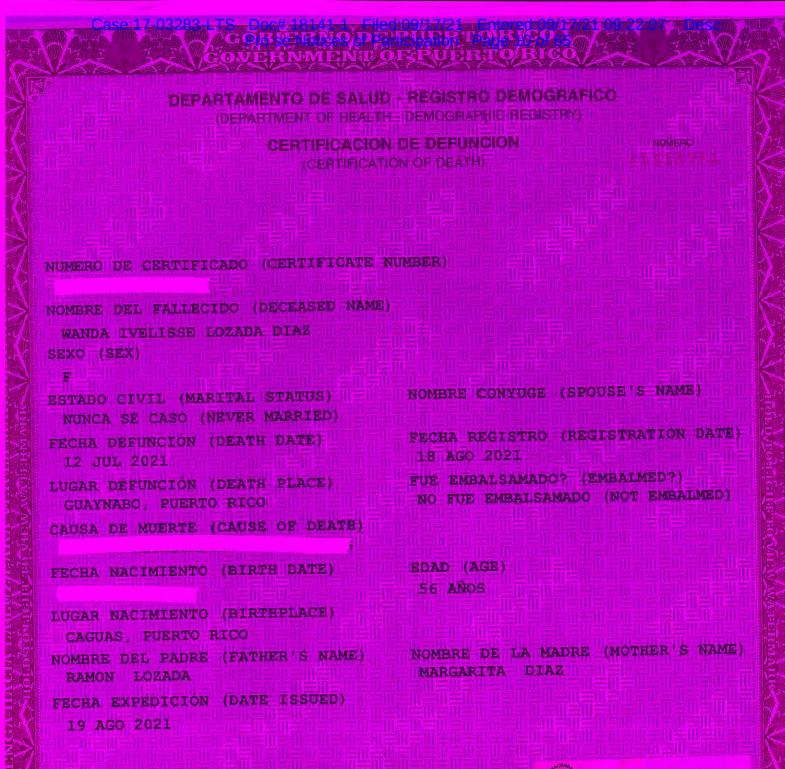
210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE

Date

VERSION JULY 20, 2021

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PUERTO RICO ISSUED UNDER THE AUTHORITY OF LAW 24 APRIL 22 1931



ESTE ES UN ABSTRACTO DEL CERTIFICADO DE DEFUNCION OFICIALMENTE INSCRITO EN EL REGISTRO DEMOGRAFICO DE POERTO RICO BAJO LA AUTORIDAD CONFERIDA POR LA LEY 24. DEL 22 DE ABRIL DE 1931

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DIRECTOR REGISTRO DEMOGRAFICO (STATE REGISTRAR)

ADVERTENCIA/WARNING: No es válido sin la presencia de la Marca de Agua Not valid without seen Watermark Cualquier alteración o borradura cancela esta Certificación Void if altered or Erased

Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc: Pro se Notices of Participation Page 11 of 65



United States District Court Clarks 1 Office 150 Ave. Carlos Chardon Ste Son Juan FR. 00918-1767

#### Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 12 of 65

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: AISIA CRUZ JANTON Participant's Name: Participant's Address: Courty Clvh, 907 Dursec Im JunParticipant's Email Address: aissucrub@ gnij.con

O0929 Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual) septensen 9th, 2021 Date

ACULD. CHU Splese:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:1907 DURINEC Spro se Notices of Participation Page 13 of 65

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United States District Court
Clenk's OFFice, Avenida Chandar

Street, 150 SANJUAN, PA- 08917.

Participant must provide all of the information below in English:

	contact information, including email a	ddress, and that of its counsel,
if any: Participant's Name:	Blance Ins Pere	2 hodique
Participant's Address:	Des flamboyer bardens	cole A # 4 Magar
Participant's Email Address	s: Yh werd	
Name of Counsel:	Departemento de la	duer de hurse
Address of Counsel:	Son Lin I.K	
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Partic	ipant's Claim:
Claim Number:	17-03283-L75	The state of the s
Nature of Claim:	** , * * * * * * * * * * * * * * * * *	
By: Signature	I Perez Rodrigue	
Blenke J	ny Peus Midrzen	
Print Name	And the second s	
Title (if Participant i	is not an individual)	
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Date		general control of the control of th



## **PRIORITY®** MAIL

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- Most domestic shipments include up to \$50 of insurance (restrictions apply).\*
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Blanca I. Perez Podingoz Res. Flamboyan Gardens Calle A. #4 Mayaguez PR 0068 QT

TO:



United States District Guiges Clarks Office 150 Ave. Orlos Charles Charles San mon, pe 00918-1767

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ED1/E May 2020

Participant must provide all of the information below in English:

1. Participant's configuration if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Angelica Bodríques Arribe
Participant's Address:	Calle 8 # 352 FAS Mareas salinas, P. R. 80751 angelica Rodriguer 00123 Gt g. Mail. COM
Participant's Email Address:	angelica Rodnguer 00123 G. g. Mail. COM
Name of Counsel:	William Town Control of the Control
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	169733
Nature of Claim:	Claiming: Hy money I worked in Deportent Volge Of Education on august 30, 1976 until may 29, 2009 Employee hum bol is 660433481.
By: Signature	Employee number is 660433481.
Angelica Rodo Print Name	nguez
Title (if Participant is	not an individual)
9-8-51 Date	5

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Angelia dodrigues
HC-01 Box 4908
Salines, P.A. 00751

Slerk's Office at 150 Ave Carlos Chardon Ste. 150 San Juan P. A. 00918-1767

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# Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc: Pro se Notices of Participation Page 18 of 65

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	( .
Participant's Name:	Angel P. Ayala Pérez
Participant's Address:	P.O. Box 1193 Sabana Seca P.R. 00952-1193
Participant's Email Address:	lizruiz/r 115@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	- Selora-ci
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	78954
Nature of Claim:	PROHESA Title III (Empleados Sistema de Retin)
By: Angel +	Ayah (Len
Signature Angel Pablo A	S. D. S.
Angel Print Name	yala Perez
and the second second	
Title (if Participant is	not an individual)
08 31 202  Date	

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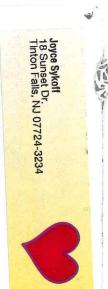
Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Joyce Sykoff 18 Sunset Drive Tinton Falk, NJO	1377 13
		07724
Participant's Email Address:	Jfs 1107@ aol. com	
Name of Counsel:	marks and the second se	
Address of Counsel:		-44
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 3283 - LTS	
Nature of Claim:		Date 1
By: Signature Syloff	Ture 19 2021 but on ar hefore October 19, 2021 von	U.S. DIS
Joyce Syko- Print Name	ff 5	
Time Name		SUPERIOR STATES
Title (if Participant is	s not an individual)	
9/9/21		
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150 Ave, Carlos Charden Ste, 150 San Juan, PR 00918-1767 James of the control of the control



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Title (if Participant is not an individual) Date

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AN JUAN S.R. 03818-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Rosita laboy Cruz
Participant's Address:	P.O BOX 840 Lajas, PB.00667
Participant's Email Address:	jacinta 4672 @ g. mgil. Com
Name of Counsel:	NA PA
Address of Counsel:	W <sub>A</sub>
Email Address of Counsel:	N A
	Claim number and the nature of Participant's Claim:
Claim Number:	1701 3203 - 213
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By: <u>Renth Laber</u> Signature	Cy
Bosita Lad Print Name	hey Cruz
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Sra. Rosita Caboy Croz BOX 840

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Lajes, OB 00667 United States District Court

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#### Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 26 of 65

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aliy.	
Participant's Name:	Feliciano Estrada Graciela
Participant's Address:	#19 arb. Monte Verde-Penuelas, PR 00624
Participant's Email Address	s: qfelicians estrada 35@gmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	No. 17 BK 3283 - LTS
Nature of Claim:	Law Known as Romerazo
By: Graciela Feli Signature	AND MAIN CONTRACTOR OF THE PROPERTY OF THE PRO
Graciela Feli.	ciano Estrada
Retired 7 Title (if Participant i	The state of the s
4 3ept 20 Date	21

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teliciano Estrada Graciela #19 Urb. Monte Verde Penuclas, PR 00624

150 Ave. Carlos Chardon Ste. 150 San Juan, P. R. 00918-1767 United States District Court, Clerk's Office

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### Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Pro se Notices of Participation Page 28 of 65

Participant must provide all of the information below in English:

1.

1. Participant's contact information, including email address, and that of its counsel, if any:	
Participant's Name: Teresa Rivera Perez  Urb. Fernandez 14 Padro DiAzfa  CIDRA, P.R. 00739	owse
Participant's Address: CIDYA, P.R. 00739	
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 175388  EMPLOYEES RETIREMENT SYSTEM OF THE Nature of Claim: GOVERNMENT OF THE COMMONWEALTH OF PRESENT PRICE PRIC	E
Nature of Claim: GOVERNMENT OF THE COMMONWEALTH OF	
By: Jeresa Rivera Perez	7
Teresa Rivera Perez	
Print Name	
Promesa Title III  Title (if Participant is not an individual)	5
and the state of t	Try C
9-6-2021 Date	

14 Pedro Dios Ferreca Lidra, P. R. 00739 eresa Kivera 2021 SEP 16 . PM 4: 38 229071-81600 Clark's Office 150 One Chardon Ste 150 10 SEP 2021 PM 5 The second secon P.R. 06918-1767 NASHVILLE IN 370 D Park

#### Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Pro se Notices of Participation Page 30 of 65

Participant must provide all of the information below in English:

<ol> <li>Participant's confirmation</li> </ol>	ontact information, including email address, and that of its counsel,
Participant's Name:	Gillerto Torras Ranks
Participant's Address:	P-0. Box 514 aguire 7. R.0070
Participant's Email Address:	gitosvama hotmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number: Nature of Claim:  By: Signature  Print Name  Title (if Participant is not possible to the control of the control	Participate in Discovery for Confirmation of Common wentth Dan of adjust mental of adjust m

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Lose Antonio Cabrera Sotonayor Participant's Name: P.8. Box 2161. Conno, f. 2. 00 769 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17 BK 3283 - LTS Claim Number: Nature of Claim: faid of Beneffit that de P. Rico Goberment

By: for A: 22 servent

Signature Jose A. CAbrera Sofonagor Fin the same person that fill this document. (No other person)
Title (if Participant is not an individual) Sept. 8/2021 Date

U.S. DISTRICT COURT

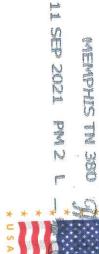
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Son Juan, P. Rico 00918-1767



MEDITAL

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:			
Participant's Name:	Ana R. Torres Gr	anela	
Participant's Address:	Urb. Costa Sur Call	le Mar Caribe - D#6	You
Participant's Email Addres	s:		
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's	Claim number and the nature of Partici	pant's Claim:	
Claim Number:	#110676		
Nature of Claim:	Dept. Education		
By: ana R Jo	ves Gronela	8	
Signature	ivres Granela	en de neix en el esgag	J.S.O.
Print Name	res Granela	5	
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Title (if Participant	is not an individual)	÷ ~	37
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auco, PR. 00698 2021 SEP 16 Merk's office, Juan, P.R. 00918-1767 Chardon 11 SEP 2021 PM 2 MEMPHIS TN 380 150 AUR. Ste. 150

Participant must provide all of the information below in English:

<ol> <li>Participant's c if any:</li> </ol>	ontact information, including email address, and	l that of its counsel,
Participant's Name:	Louz Grise (Gonzalez HC 73 Box 4880 Karanya	Vega
Participant's Address:	HC 73 Box 4880 Karang	p. P.R. 00719
Participant's Email Address:	grise I gonzalez vega @ ama	ail com
Name of Counsel:	None	
Address of Counsel:	N/A	
Email Address of Counsel:	N/A.	
2. Participant's C	Claim number and the nature of Participant's Cla	im:
Claim Number:	65852	
Nature of Claim:	pension Retire	
Ву:	Meg Server 10 1201 21 128 US 2101 201 VEIR II	moved English
Signature		SALE SALE
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THE CONTRACT OF THE CONTRACT O		元 多篇
Title (if Participant is	not an individual)	3 3 5
Date September	8,2021	

CLERK'S OFFICE

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Office Uns Chardon, Ste. 150 C, P.L. 0918-1767

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.			
Participant's Name:	Virginia Mac	huca García	
Participant's Address:	Virginia Mac Repto Teresita I	AD-3 Calle 30 Bay	amon PR 009
Participant's Email Address:	virginia machuca go	arcia Og mail. wo	<u>n</u>
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's	Claim number and the natur	re of Participant's Claim:	
Claim Number:	103713		
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Virginia Mach	uca Garúa		6 HERE
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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that	t of its counsel,
if any: Dela Wassa Melender	
Participant's Name:	
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Title (if Participant is not an individual)	37
September 27, 2021	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: alexis Tivado Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By:

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Participant must provide all of the information below in English:

<ol> <li>Participant's confirmation</li> </ol>	ontact information, including email address, and that of its counsel,
Participant's Name:	tivado Garcia Alexis
Participant's Address:	P.O. Box 976 Natilo N.K. 2065,
Participant's Email Address:	akis tivado 991 @ g mail. Com.
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	No Notice of the Control of the Cont
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	116241
Nature of Claim:	Rublic Employs and pension / Kolice
By: Alefin Lings Signature	Harche / Claus
Alexis tiva	do Carcia
Print Name  Indin	S. S. D. S.
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# Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 46 of 65

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and the	at of its counsel,
if any:	
Participant's Name:	12 Du
Participant's Address: Urb El Cafetal C-8 D	-8 Yayco, P.K
Participant's Email Address: 11 garciaortiz @ 9ma	ul. com
Name of Counsel:	ucación
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim	:
Claim Number:	
Nature of Claim:	
By: It ma Larcia Ortin	
Signature	S SSC
Irma Garcia Ortiz	# 2893
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CLERA 3 OF TICE U.S. DISTRICT COURT SAN JUNE, PR

IRMA GARCIA ORTIZ URB. VILLAS DEL CAFETAL CALLE 8 G8 YAUCO, PUERTO RICO 00698

United States District Court derks Office Carlos Chardon Ste. 150, 00



# Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 48 of 65

Participant must provide all of the information below in English:

1. Participant's cont if any:	act information, including	g email address, and	that of its counsel,	
Participant's Name:	Maria R	Tirado	Gonzále	2
Participant's Address:  Participant's Email Address:	536 Portugue	es Est del	Rio Hornigu	ieros,7
Participant's Email Address:	iradogonzal	ez maria@	gmail.com	
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:				
2. Participant's Clai	m number and the nature	of Participant's Clain	n:	
Claim Number:	15 0637	Tit: 11 101	(e)	
Nature of Claim:	Reclamacio Claim for	n de dine	ropor emp	leo
By: While	Claim for	money ow	ed for wo	rk
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Maria Tirac	So		SE SE	200
Print Name			2 20	
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Title (if Participant is not	an individual)		3	6.1
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ourt's Clerk's Office nited State District Courl lerk's Office, 150 Ave. Carlos Chardon Ste So, Son Juan, PR 00918 - 1767



# Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Pro se Notices of Participation Page 50 of 65

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: mcarreno6533@hotma Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

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United States Distaict Court Clerk's Office 150 Ave. Garlos Charelin Ste. 150 SAN JUAN, Durato Rica 00918-1767

MEMPHIS TN 380



# Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 52 of 65

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	8 70		200	1
Participant's Name:	Francisco J	osé Quinones	Cintr	DIL
Participant's Address:	Palacios del Ric			reet , To
Participant's Email Addre	ess: frankieguinor	resalhotmail.	COM	
Name of Counsel:				
Address of Counsel:				
Email Address of Counse	el:	[ad Sensels		
2. Participan	t's Claim number and the n	ature of Participant's Cla	ıim:	
Claim Number:	17 BK 328	3-LTS		
Nature of Claim:	<u></u>	- 1 1,		
By: Signature			S (Q	U.S.C
Francisco ? Print Name	J. Quinones		5	
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Title (if Participar	nt is not an individual)		4: 36	375
August 1 Date	0,2021		9	

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Francisco Quinones
Palacios del Río 2
839 Calle Rosario
Toal Alta, P.2
00953

MEMPHIS TN 380

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Juan J. P. P. 00918-1767 United States District Court, clerk's Office 150 Ave. Carlos Chardon Ste. 150

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# Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 54 of 65

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	1 ,	(			
Participant's Name:	Baquel M.	Diar 1	B105		
Participant's Address:	1237 0/60	) SE Kepa	16 Metrop	detan	c,5-5.
Participant's Email Address	: raqueltutu	52egme	ail com		_
Name of Counsel:			1		
Address of Counsel:					
Email Address of Counsel:					_
2. Participant's	Claim number and the	nature of Particip	oant's Claim:		
Claim Number:	17BK 3283	1-LTS			_
Nature of Claim:	u).		ų.		
By: Regul M. Signature	xprey 25			Production of the state of the	C 3
Baguel M. i	Dior Brus			SIS	5000 2000 2000 2000 2000 2000 2000 2000
Print Name				CV.	
Title (if Participant	is not an individual)			36	
Date					

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United State District Court
Clerk's Office
150 Ace. Carlos Charden
Ste 150
Sau Juan PR 20918-1767
Sau Juan PR 20918-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Rosa M. Bodrique z Matos
Participant's Address: Hc 2 Box 5271 Comerio, P. R. 00782
Participant's Email Address: to driguezma tos rosa @g mail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 179017
Nature of Claim: Public Employee and Pension Retiree
By: Rosan Robrique Into
Rosa M. Rodriguez Matos Print Name
Title (if Participant is not an individual)
March 4, 2021
Date

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

2021 SEP 16 PH 4: 36



Sra Rosa M Rodriguez Matos HC 2 Box 5271 Comerio, PR 00782

00918-170628

United States District Court clerk's Office 150 Ave, Carlos Chardon Ste. 150 San Juan, P. R. 00918-1767



Participant must provide all of the information below in English:

1.	Participant's	contact information	n, including email	l address, and th	at of its cour	ısel,
	if any:				1	
Participant's N	Name:	Middal	y Bodn	guez =	fuguero	a
Participant's A	Address:	Estancia	· Degetan	Calle Fee	derico 5	L Coyung
Participant's I	Email Address:	midday	for a ol.	Lom		_
Name of Cour	nsel:			0 9		The state of the s
Address of Co	ounsel:	·			-	
Email Addres	s of Counsel:					
2.	Participant's	Claim number and	the nature of Par	ticipant's Claim	1:	
Claim Numbe	er:	11772				
Nature of Cla	im:	Seel	lo Zabi	sal		
By: Mignat	ure	Purlague				FILE
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Title (	if Particinant i	s not an individual	)		-ti	ASSE
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Date		уральня			36	ang.

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that	of its	C
if any:	7	
Participant's Name: Middaly Bodn'quez F	vqu.	L.W
Participant's Address: Esternas Degetan Calle Fede	500	0
Participant's Email Address: middar fa aol. com		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's Claim number and the nature of Participant's Claim:		
Claim Number: 17BK 3283-LTS		
Nature of Claim: Estado libre asserado de P.Ba	RE	liso
By: Middaly Purlugue		
Signature		
Midaly Budaguez Figueroa	7-2	C.S.
Print Name		SET I
	01	
Title (if Participant is not an individual)	70	
Date Septremby (4) 20-1	57 43	BOOK T
Date	03	

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# Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Desc Pro se Notices of Participation Page 62 of 65

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Ana Delia Soto Troche	
Participant's Address: HC 3n Box 7192 Yuanice P.R-006=	3
Participant's Email Address: and Soto 130 4ahoo Com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  By: Ong W. Luk Dend Signature  Ava D. Sato Troche Print Name  Chermera Practica Title (if Participant is not an individual)  17 agosto 2021  Date	E. To

CLERE OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

Ana D. Soto Inoche Hc 37 Box 7792 Guanica, P.R. 00653

United States District Court, Clerk's Office, 150 tue Carlos Chardon Ste. 150, San Juan, P.R. 06918-1769



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Case:17-03283-LTS Doc#:18141-1 Filed:09/17/21 Entered:09/17/21 09:22:07 Pro se Notices of Participation Page 64 of 65

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email address, and that of its counsel, if any:</li> </ol>		
Participant's Name: Damaris, Maysonet Medina		
Participant's Address: Ho3 Box 6638 Dorado PR. 0064		
Participant's Email Address: daryn pr @ gmail . com		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's Claim number and the nature of Participant's Claim:		
Claim Number:		
Nature of Claim:  By: Aguaru Majort Medara  Signature		*
Damaris Maysonet Medina Print Name	图	U.S. DIS
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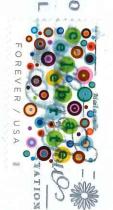
ste 150, San Juan P.R. 08918-1967

Office, 150 Ave. Carlos chardon

Damaris Naysonet Medina He 3 Box 6636 Donado P.R. 00646

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